

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☒ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

11

01

2013

11

30

2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer

Hugh M Taylor MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

12

19

2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
11 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		402087.22
(b) Cash on Hand at Beginning of Reporting Period.....	395946.49	
(c) Total Receipts (from Line 19)	24931.67	372345.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	420878.16	774432.71
7. Total Disbursements (from Line 31)	25163.68	378718.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	395714.48	395714.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2013			

To:

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2013			

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

13654.67

246103.47

(ii) Unitemized

11277.00

115001.06

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

24931.67

361104.53

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

24931.67

361104.53

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

3740.96

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

7500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ►

24931.67

372345.49

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

24931.67

372345.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	663.68	5499.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	663.68	5499.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24500.00	372000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1218.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1218.33
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25163.68	378718.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25163.68	378718.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	24931.67	361104.53
34. Total Contribution Refunds (from Line 28(d))	0.00	1218.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24931.67	359886.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	663.68	5499.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3740.96
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	663.68	1758.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Orrin Barbe MD

Mailing Address 120 W 16th St

City

Mountain Grove

State

MO

Zip Code

65711-1039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 11 / 2013

Transaction ID : C2486406

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Justin V Bartos MD

Mailing Address 4300 Cagle Dr
Ste 200

City

North Richland Hills

State

TX

Zip Code

76180-8380

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Hills Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

11 / 23 / 2013

Transaction ID : C2498015

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

c. Steve Bartz Md Bartz MD

Mailing Address 1939 Pine Ridge Dr

City

Janesville

State

WI

Zip Code

53545-0777

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 25 / 2013

Transaction ID : C2504100

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1292.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joane Goforth Baumer MD

Mailing Address 910 Houston St
Apt 701

City State Zip Code
Fort Worth TX 76102-6224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2013

Transaction ID : C2494478

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. Wendy S Biggs MD

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
Leawood KS 66211-2680

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Kansas School of Medicine

Residency Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2013

Transaction ID : C2463445

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Reid B Blackwelder MD

Mailing Address 4407 Leedy Rd
201 Cassel Dr

City State Zip Code
Kingsport TN 37664-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Quillen College of Medicine

Professor, Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2013

Transaction ID : C2485008

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

545.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mott Parks Blair MD

Mailing Address 411 E Westbrook St

City

Wallace

State

NC

Zip Code

28466-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vidant Medicine - Greenville, NC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

11 / 30 / 2013

Transaction ID : C2499867

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Marjorie A Bowman MD

Mailing Address 3640 Colonel Glenn Hwy

City

Dayton

State

OH

Zip Code

45435-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

s

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 26 / 2013

Transaction ID : C2499592

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Joseph T Burns MD

Mailing Address 431 Harwood Dr S

City

Fargo

State

ND

Zip Code

58103-6132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Essentia Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 11 / 2013

Transaction ID : C2486426

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

341.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. E Chris C Bush MD

Mailing Address 8597 Marquette Dr

City State Zip Code
 Grosse Ile MI 48138-1567

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 26 / 2013

Transaction ID : C2499271

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Angela Caffaratti MD

Mailing Address 345 Delegate Dr

City State Zip Code
 Columbus OH 43235-1470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

MT CARMEL MEDICAL GROUP

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 03 / 2013

Transaction ID : C2458939

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. David Adam Carlyle MD

Mailing Address PO BOX 3014
 2309 Buchanan Dr

City State Zip Code
 Ames IA 50010-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Family Medicine East

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 26 / 2013

Transaction ID : C2499289

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lee Marvin Carter MD

Mailing Address PO BOX 506

City

Huntingdon

State

TN

Zip Code

38344-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

11 / 30 / 2013

Transaction ID : C2499868

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Susan Archer Chiarito MD

Mailing Address 1901 Mission 66

City

Vicksburg

State

MS

Zip Code

39180-3711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mission Primary Care Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

11 / 16 / 2013

Transaction ID : C2494477

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Michael J Coulson MD

Mailing Address 120 Van Ness Ave

City

Santa Cruz

State

CA

Zip Code

95060-4208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 18 / 2013

Transaction ID : C2497431

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

241.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven A Crawford MD

Mailing Address 900 NE 10th St

OU Physicians Family Medicine Cent

City State Zip Code
 Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4659.08

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 23 / 2013

Transaction ID : C2498009

Amount of Each Receipt this Period

340.92

Full Name (Last, First, Middle Initial)

B. Keith E Davis MD

Mailing Address PO BOX 609

City State Zip Code
 Shoshone ID 83352-0609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : C2499260

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

C. Kisha Nicole Davis Davis

Mailing Address 12342 Fellowship Ln

City State Zip Code
 North Potomac MD 20878-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chase Brexton

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2013

Transaction ID : C2497328

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

740.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elisabeth K Farnum MD

Mailing Address 33 Hyland Ave

City

East Greenwich

State

RI

Zip Code

02818-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kent Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 26 / 2013

Transaction ID : C2499533

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Wanda D Filer MD

Mailing Address 510 Aqua Ct

City

York

State

PA

Zip Code

17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

11 / 02 / 2013

Transaction ID : C2458903

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Seth Yawki Flagg MD

Mailing Address 9129 Bradford Rd

City

Silver Spring

State

MD

Zip Code

20901-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer

USN

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 08 / 2013

Transaction ID : C2482906

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

415.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leslie A Foote MD

Mailing Address 16103 Meridian Rd

City State Zip Code
 Salinas CA 93907-9140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : C2499590

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Roger Neal Fowler MD

Mailing Address 4418 Cascades Blvd

City State Zip Code
 Tyler TX 75709-5385

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : C2499587

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Judith A Gravidal MD

Mailing Address 1775 Dempster St

City State Zip Code
 Park Ridge IL 60068-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Advocate Lutheran General Hospital

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2013

Transaction ID : C2485028

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Wesley Guyer MD

Mailing Address 3314 Jack Burke Ln

City

Billings

State

MT

Zip Code

59106-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 11 / 2013

Transaction ID : C2486401

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Michael H Hartsell MD

Mailing Address 1404 Tusculum Blvd
 MOB # 3 Suite 2100

City

Greeneville

State

TN

Zip Code

37745-4329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 26 / 2013

Transaction ID : C2499270

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Daniel J Heinemann MD

Mailing Address 1305 W 18th St

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

11 / 04 / 2013

Transaction ID : C2458986

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

830.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. David J Hoelting MD

Mailing Address 813 Lloyd St

City

State

Zip Code

Pender

NE

68047-5021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pender Medical Clinic

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 06 / 2013

Transaction ID : C2486318

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Thu Nguyen Howell Howell

Mailing Address 2222 Neilson Way
Unit 301

City

State

Zip Code

Santa Monica

CA

90405-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

11 / 22 / 2013

Transaction ID : C2497926

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Abdallah Mohammed Hussein

Mailing Address 2714 Amherst Dr

City

State

Zip Code

Wichita Falls

TX

76308-5261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 26 / 2013

Transaction ID : C2499262

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

410.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tochi I L Iroku-Malize MD

Mailing Address PO Box 369

City State Zip Code
Islip NY 11751-0369

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore LIJ Health System

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 25 / 2013

Transaction ID : C2504090

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Elvin C Irvin MD

Mailing Address 555 E Cheves St

City State Zip Code
Florence SC 29506-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

908.50

Date of Receipt

11 / 08 / 2013

Transaction ID : C2508341

Amount of Each Receipt this Period

91.50

Full Name (Last, First, Middle Initial)

C. Donald Leland Ives MD

Mailing Address PO BOX 440

City State Zip Code
Ester AK 99725-0440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 16 / 2013

Transaction ID : C2494476

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

191.50

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. William G Jackson MD

Mailing Address 202 Alcorn Dr

City

Corinth

State

MS

Zip Code

38834-9701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 25 / 2013

Transaction ID : C2504111

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Kent Robert Johnson

Mailing Address 29068 Horner Ln

City

Highland

State

CA

Zip Code

92346-7747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 26 / 2013

Transaction ID : C2499591

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Daniel Justin Joyce DO

Mailing Address 68 Apple Creek Dr

1028 Saint Andrews Dr Apt 201

City

Elgin

State

OK

Zip Code

73538-8400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 26 / 2013

Transaction ID : C2499269

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

865.00

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Philip Kaplan MD

Mailing Address 4303 Watervale Rd

City State Zip Code
 Manlius NY 13104-8413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 26 / 2013

Transaction ID : C2499283

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

B. Gregory King MD

Mailing Address 1120 Vail Rd

City State Zip Code
 Bennington VT 05201-9597

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Primary Care Health Partners - VT, LLP

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 09 / 2013

Transaction ID : C2484984

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Don R Klitgaard MD

Mailing Address 1305 Onyx Dr

City State Zip Code
 Harlan IA 51537-1543

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 03 / 2013

Transaction ID : C2458938

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

540.00

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ajoy Kumar MD

Mailing Address 749 Nina Dr

City

Tierra Verde

State

FL

Zip Code

33715-2038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.34

Date of Receipt

11 / 07 / 2013

Transaction ID : C2463448

Amount of Each Receipt this Period

121.67

Full Name (Last, First, Middle Initial)

B. James Edward Lacey MD

Mailing Address 101 Oak Leaf Dr

City

Chestertown

State

MD

Zip Code

21620-1180

FEC ID number of contributing
federal political committee.

C

Name of Employer

CCHS

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2013

Transaction ID : C2497441

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Marlene K Lambiaso MD

Mailing Address 658 Cayuga Dr

City

Winter Springs

State

FL

Zip Code

32708-5603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

11 / 06 / 2013

Transaction ID : C2486303

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

586.67

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin B Martin MD

Mailing Address 2903 219th Ave E

City

Lake Tapps

State

WA

Zip Code

98391-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Life Care Physician Services

Occupation

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 14 / 2013

Transaction ID : C2493791

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Amy Kristen McIntyre MD

Mailing Address 1140 W Diamond St

City

Butte

State

MT

Zip Code

59701-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Butte Community Health Center

Occupation

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.80

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 08 / 2013

Transaction ID : C2482905

Amount of Each Receipt this Period

33.18

Full Name (Last, First, Middle Initial)

c. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : C2499288

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

158.18

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kathleen J Miller MD

Mailing Address 9 Oak Ridge Dr

City State Zip Code
Decatur IL 62521-4661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

11 / 18 / 2013

Transaction ID : C2497452

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. William David Miller MD

Mailing Address 1705 Ballentine Ln

City State Zip Code
Columbia MO 65201-2880

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 06 / 2013

Transaction ID : C2486311

Amount of Each Receipt this Period

480.00

Full Name (Last, First, Middle Initial)

c. Dale C Moquist MD

Mailing Address 4318 Lake Walk Ct

City State Zip Code
Missouri City TX 77459-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.10

Date of Receipt

11 / 08 / 2013

Transaction ID : C2482907

Amount of Each Receipt this Period

90.91

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

935.91

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. David R Mullican

Mailing Address 831 S Flores St Ste 1102

City

San Antonio

State

TX

Zip Code

78204-1427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 26 / 2013

Transaction ID : C2499280

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mary S Nguyen MD

Mailing Address 5727 Welsch Vw

City

San Antonio

State

TX

Zip Code

78249-3149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medina Valley Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

11 / 02 / 2013

Transaction ID : C2458904

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

c. Joseph Scott Nichols

Mailing Address 313 Scott St

City

Baltimore

State

MD

Zip Code

21230-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medstar Franklin Square Med Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.80

Date of Receipt

11 / 20 / 2013

Transaction ID : C2497331

Amount of Each Receipt this Period

33.18

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

318.18

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michelle Quiogue MD

Mailing Address 2460 Pine St

City

Bakersfield

State

CA

Zip Code

93301-2742

FEC ID number of contributing
federal political committee.

C

Name of Employer

KP-SCPMG

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.80

Date of Receipt

11 / 20 / 2013

Transaction ID : C2497329

Amount of Each Receipt this Period

33.18

Full Name (Last, First, Middle Initial)

B. Ellen S Reinheimer MD

Mailing Address 20 Earlwoode Dr

City

White Plains

State

NY

Zip Code

10606-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Med Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

11 / 25 / 2013

Transaction ID : C2504113

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Robert Chuck Rich MD

Mailing Address PO BOX 10

3744 Old Abbotsburg Rd

City

Bladenboro

State

NC

Zip Code

28320-0010

FEC ID number of contributing
federal political committee.

C

Name of Employer

CCNC/LCF

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.80

Date of Receipt

11 / 20 / 2013

Transaction ID : C2497330

Amount of Each Receipt this Period

33.18

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

166.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Flora F Sadri-Azarbayejani DO

Mailing Address 427 S Mountain Rd

City

Northfield

State

MA

Zip Code

01360-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gardner Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 24 / 2013

Transaction ID : C2498029

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Sarah L Sams MD

Mailing Address 2994 Frazell Rd

City

Hilliard

State

OH

Zip Code

43026-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1076.00

Date of Receipt

11 / 30 / 2013

Transaction ID : C2499869

Amount of Each Receipt this Period

122.00

Full Name (Last, First, Middle Initial)

C. Thomas L Satrom MD

Mailing Address 647 Wellesley Dr

City

Claremont

State

CA

Zip Code

91711-3428

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 18 / 2013

Transaction ID : C2497455

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aaron Burl Shives MD

Mailing Address 350 28th Ave SE

City

Watertown

State

SD

Zip Code

57201-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.50

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : C2457458

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

B. Yvonne May Smikle MD

Mailing Address 4 Evergreen Ave

City

Auburndale

State

MA

Zip Code

02466-1703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2013

Transaction ID : C2499742

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brent William Smith MD

Mailing Address 1505 Palmer Ct

City

Dixon

State

CA

Zip Code

95620-4103

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Air Force

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2013

Transaction ID : C2504114

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

386.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Glen R Stream MD

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockwood Clinic

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 19 / 2013

Transaction ID : C2495900

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Erica Williams Swegler MD

Mailing Address 300 N Rufe Snow Dr

City

Keller

State

TX

Zip Code

76248-4235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.71

Date of Receipt

11 / 20 / 2013

Transaction ID : C2503570

Amount of Each Receipt this Period

102.27

Full Name (Last, First, Middle Initial)

c. Stacy J Taylor MD

Mailing Address 173 E Cotton Hill Rd

City

New Hartford

State

CT

Zip Code

06057-3524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Hungerford Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.80

Date of Receipt

11 / 20 / 2013

Transaction ID : C2497327

Amount of Each Receipt this Period

33.18

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

385.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael P Temporal MD

Mailing Address 180 S 3Rd St Ste 400

City

Belleville

State

IL

Zip Code

62220-1952

FEC ID number of contributing
federal political committee.

C

Name of Employer

So. Illinois Healthcare Foundation

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

11 / 02 / 2013

Transaction ID : C2458905

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. James O Theis MD

Mailing Address 6019 Constance St

City

New Orleans

State

LA

Zip Code

70118-5806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 22 / 2013

Transaction ID : C2498005

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Pamela W Tuck MD

Mailing Address 4135 Atlanta Hwy

City

Montgomery

State

AL

Zip Code

36109-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2013

Transaction ID : C2499866

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

634.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Andre Wherry MD

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chestatee Regional Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 05 / 2013

Transaction ID : C2459143

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph W Zebley MD

Mailing Address 3810 Juniper Rd

City

Baltimore

State

MD

Zip Code

21218-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenspring Medical Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2013

Transaction ID : C2486330

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

13654.67

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

8.13

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Age Group	Percentage
18-24	11.86
25-34	11.86
35-44	11.86
45-54	11.86
55-64	11.86
65-74	11.86
75-84	11.86
85+	11.86

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

2.97

22.96

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 14 / 2013

Transaction ID : D150526

Amount of Each Disbursement this Period

3.25

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 18 / 2013

Transaction ID : D150736

Amount of Each Disbursement this Period

3.25

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 19 / 2013

Transaction ID : D150737

Amount of Each Disbursement this Period

3.25

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9.75

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

2.99

State: District:

Response	Percentage
Yes	7.95
No	1.05

State: District:

620.03

State: District:

Age Group	Percentage
18-24	~10%
25-34	~15%
35-44	~20%
45-54	~25%
55-64	~30%
65-74	630.97
75-84	~10%
85+	~5%

663.68

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. BARBARA LEE FOR CONGRESS

Mailing Address 1736 Franklin Street #550

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement
Campaign contributions

Candidate Name

Rep. Barbara Lee

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 09

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2013

Transaction ID : D150424

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Charles Boustany Jr.

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: LA	District: 07

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2013

Transaction ID : D150426

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAN MAFFEI

Mailing Address PO Box 74

City	State	Zip Code
Syracuse	NY	13214-0074

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Dan Maffei

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 24

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2013

Transaction ID : D150421

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. DENNY HECK FOR CONGRESS

Mailing Address PO BOX 235

City	State	Zip Code
OLYMPIA	WA	98507

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Denny HeckOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2013

Transaction ID : D150425

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DIANA DEGETTE FOR CONGRESS

Mailing Address P.O. Box 61337

City	State	Zip Code
Denver	CO	80206

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Diana DeGetteOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2013

Transaction ID : D150418

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City	State	Zip Code
HOPKINSVILLE	KY	42241

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Edward WhitfieldOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2013

Transaction ID : D150420

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. ENZI FOR US SENATE

Mailing Address PO BOX 2775

City	State	Zip Code
CODY	WY	82414

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Michael B. Enzi

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2013

Transaction ID : D150419

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

24500.00
